

# Physical Ability Assessment

203-235-5865 or **www.policecertification.com**

Assessment Date	Time	Location	Registration Deadline
Each Department sets a cut off date for their process.	You time will be issued once we receive your registration forms	Find the location and directions by looking on the calendar section of policecertification.com	Your forms must be mailed to CHIP one week prior to the assessment date that you have chosen.

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Complete Health & Injury Prevention Inc. (CHIP) administers the Physical Ability Assessment for multiple towns. After successful completion of the assessment, individuals will be issued a *CHIP card*. The card is valid for six months from the date of assessment and is accepted by more than 40 participating departments. Participating Agencies may establish specific minimum standards 40<sup>th</sup> or 50<sup>th</sup> percentile for their process. Contact CHIP 203-235-5865 with any questions regarding the Physical Ability Assessment.

## How to Register for the Physical Ability Assessment.

To register for the Physical Ability Assessment candidates must mail in one envelope the following (3) items:

1. Medical Approval Form signed and dated by a Physician.
2. Registration Form
3. A non-refundable \$40.00 assessment fee made payable to: CHIP Inc. (**Personal checks are not accepted**)

**Mail to:**

**CHIP Inc  
P.O. Box 774  
Meriden, CT. 06450**

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- On the day of the assessment you must present **( 2 ) forms of identification**. One must be a photo identification.
  - Appropriate athletic attire should be worn to the assessment including sneakers.
  - If you are not contacted by C.H.I.P. prior to the assessment date that you have registered for call 203-235-5865.
  - Departments set cut off dates for their hiring processes. It is your responsibility to make sure that the assessment you have registered for meets the Departments cut off date.

## Registration Form

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Complete this form and mail it along with, a completed Medical Approval Form, and a non-refundable \$40.00 assessment fee (money order or bank check) to CHIP Inc. P.O. Box 774, Meriden, CT. 06450

Neatly print or type below.

Name \_\_\_\_\_  
First Last MI

Age \_\_\_\_\_ Male / Female

Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Home Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

City/Town to which you are applying: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

(By failing to appear at the specified assessment date above you will forfeit your assessment fee and registration forms will not be carried over to future assessments.)

# Connecticut Police Officer Standards and Training Councils

## Physical Ability Assessment Description

**The physical ability assessment includes the four stations described below. These standards are required by the Connecticut Police Officers Standards and Training Council**

<b>Sit-ups</b>	Muscular Endurance	The score is the number of full bent leg sit-ups performed in one minute. Your feet are held and your fingers are curled over your ears
<b>Sit &amp; Reach</b>	Flexibility	The sit and reach test measures the flexibility of the lower back and hamstrings and the candidate's range of motion. The test involves sitting on the floor with the legs straight out in front of the body. From this position the candidate reaches forward towards the toes. The toes are located at the 15-inch mark on the sit and reach box. 17.5 inches is two and half inches past the toes.
<b>Bench Press</b>	Absolute Strength	One repetition maximum bench press is performed on a Universal machine. You are required to take 3 warm up repetitions. The amount of weight you are required to bench is based on your age and body weight. You can calculate this weight by using the numbers below multiplied with your body weight
<b>1.5 Mile Run</b>	Cardiovascular Capacity	1.5 mile run. You are required to run, walk or jog one and a half miles within your allotted time limit. The score is in minutes and seconds.

### Scores Indicate the 50<sup>th</sup> percentile

Age/Gender				
<b>Male</b>	<b>Sit-Up</b>	<b>Sit &amp; Reach</b>	<b>Bench Press</b>	<b>11/2 Mile Run</b>
20-29	40	17.5	1.06 x Body Weight	11:49
30-39	36	16.5	.93 x Body Weight	12:20
40-49	31	15.25	.84 x Body Weight	13:04
50-59	26	14.5	.75 x Body Weight	13:46
60-69	20	13.5	.68 x Body Weight	15:41
<b>Female</b>	<b>Sit-Up</b>	<b>Sit &amp; Reach</b>	<b>Bench Press</b>	<b>11/2 Mile Run</b>
20-29	35	20	.65 x Body Weight	14:08
30-39	27	19	.57 x Body Weight	14:54
40-49	22	18	.52 x Body Weight	15:36
50-59	17	17.75	.46 x Body Weight	16:43
60-69	8	16-3/8	.45 x Body Weight	18:00



Complete Health and Injury Prevention, Inc.  
P.O. Box 774  
Meriden, CT 06450  
(203) 235-5865

Physical Ability Assessment  
Medical Approval Form

To be filled in by physician:

This is to certify that I have reviewed the attached four elements of the Connecticut Police Officer Standards and Training Council's Physical Ability Assessment. After reviewing said document, it is my professional opinion that the candidate named below:

Candidate's Name: \_\_\_\_\_

Department(s) Applying to : \_\_\_\_\_

CAN SAFELY PERFORM THE PHYSICAL ABILITY ASSESSMENT.

Physician's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(M.D. or D.O.)

Physician's Name and  
Address (Type or Imprint  
With Office Stamp)

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